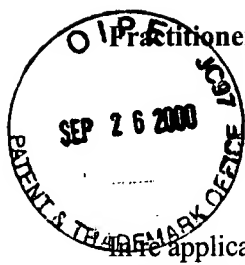


1775



Practitioner's Docket No. 1003-009

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ryan, Wayne L.

Application No.: 09/378,608

Group No.: 1775

Filed: 08/20/1999

Examiner: J. McNeil

For: HEMATOLOGY CONTROL AND SYSTEM FOR MULTI-PARAMETER  
HEMATOLOGY MEASUREMENTS

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:


MAILING

FACSIMILE

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 9-19-00

  
Signature

Shelley L. Erla  
(type or print name of person certifying)

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## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	32	Minus	32	= 0	x \$9 =	\$0
Indep.	6	Minus	7	= 0	x \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total						Addit. Fee
						\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-1097.  
 If any additional fee for claims is required, charge Account No. 50-1097.

Date:

Sept. 18, 2000

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